

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 29 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 178533 (6)

1. Corporation Name
DADE SERVICE CORPORATIONPrincipal Place of Business
1901 MASON AVENUE
SUITE 103
DAYTONA BEACH FL 32114
USMailing Address
P.O. BOX 11137
DAYTONA BEACH FL 32120-1137
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 700 Fentress Blvd.		26		04/30/1954		01/25/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 Suite A		27		59-0711422		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 Daytona Beach, FL		28		☐		\$5.00 May Be Added to Fees	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution		☐	
24 32114		25 USA		29		30	
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

PERRYMAN, OWEN
1901 MASON AVENUE
SUITE 103
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	700 Fentress Blvd.
84	Suite A
85	City
86	Daytona Beach
87	FL
88	Zip Code
89	32114

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	C/D
NAME	PERRYMAN, OWEN	1.2 NAME	
STREET ADDRESS	1901 MASON AVE SUITE 103	1.3 STREET ADDRESS	700 Fentress Blvd, Suite A
CITY - ST - ZIP	DAYTONA BEACH FL	1.4 CITY - ST - ZIP	Daytona Beach, FL 32114
TITLE	VD	2.1 TITLE	P/D
NAME	PERRYMAN, O J	2.2 NAME	
STREET ADDRESS	1901 MASON AVE SUITE 103	2.3 STREET ADDRESS	700 Fentress Blvd, Suite A
CITY - ST - ZIP	DAYTONA BEACH FL	2.4 CITY - ST - ZIP	Daytona Beach, FL 32114
TITLE	VSD	3.1 TITLE	
NAME	PERRYMAN, DAVID	3.2 NAME	
STREET ADDRESS	1901 MASON AVE SUITE 103	3.3 STREET ADDRESS	700 Fentress Blvd, Suite A
CITY - ST - ZIP	DAYTONA BEACH FL	3.4 CITY - ST - ZIP	Daytona Beach, FL 32114
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed) on an attachment with an address.

SIGNATURE:

David Perryman

01/22/97 (904) 274-5655

Date

Daytime Phone #

0026486

CR2E034 (9/96)